



Claimant Name

Date of Injury

Claim no.

WORKERS COMPENSATION ACT 1987

# EMPLOYER INJURY CLAIM FORM

If your injury employer is a licensed self-insurer, where you read "WorkCover" and "Agent" also read "self-insurer" and "approved agent of a self-insurer".  
If your injury employer has a policy with a licensed specialised insurer, where you read "WorkCover" and "Agent" also read "specialised insurer" and "approved agent of a specialised insurer".

For help completing this form or for more information contact:

- Your WorkCover Agent
- The WorkCover Information Centre on: 13 10 50

As the employer you need to:

- Notify your Agent within 48 hours of an injury, or in the case of serious incidents, notify WorkCover and your insurer immediately.
- Complete a claim form if your Agent has requested you provide one by answering all indicated questions.
- Sign the employer's declaration on page 3 of this form.
- Attach a copy of the WorkCover Certificate of Capacity (if the worker's doctor has provided one) to this form.
- Keep a copy of all documents including a copy of this form for your records.
- Send this completed form, the completed Worker's Injury Claim Form and any WorkCover Certificate of Capacity to your Agent within 7 days after receiving them from your worker – or you may be financially penalised.
- Make notification within 5 days after you become aware of the injury, otherwise an excess will apply.
- Continue to pay the worker weekly payments in accordance with the notice provided by your Agent.
- Participate with your Agent in developing an injury management plan.
- Provide suitable duties for the worker (unless not reasonably practical).

Getting your worker back to work

- Talk with your worker about developing a return to work plan.
- Talk to your worker's nominated treating doctor about what duties your worker does and what parts of their work (or other available duties) the worker could do, taking into account their injury.
- Talk to your Agent about what support is available to help your worker return to work and overcome their injury as quickly as possible.

Your worker's responsibilities:

- To notify you that they've been injured at work as soon as possible and complete the injury register at the workplace.
- To see their nominated treating doctor who may provide a WorkCover Certificate of Capacity.
- To give you the completed Workers' Injury Claim Form and any WorkCover Certificate of Capacity as soon as possible after being injured. If your worker or their representative has difficulty giving you their claim form or any WorkCover Certificate of Capacity, or you refuse to take receipt of these documents, the worker has the right to lodge the claim directly with your Agent or WorkCover. The worker can also notify your Agent or WorkCover directly by telephone.
- To work with you to develop a return to work plan (if required).
- To comply with their injury management plan and return to work plan.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Your Agent will write to you and advise you if provisional liability has been accepted or declined. This decision will be made within 7 days of notification of injury to the Agent. The acceptance of provisional liability by the Agent is not an admission of liability. Provisional liability allows an Agent to make early payments for wages and medical expenses to the worker.

Your Agent will then advise you if claim liability has been accepted or declined within 21 days.

To find out more about the process of making a claim, your employer return to work obligations and how you can assist your worker return to work, talk to your Agent or refer to the back of this form for a list of relevant publications or visit the website at [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)

Should you experience difficulty once the claim has been submitted and you would like assistance call the Claims Assistance Service on 13 10 50.

Please indicate in which State you want to lodge this claim:

New South Wales  Queensland  Victoria

## 1 EMPLOYER'S DETAILS

Legal name

Trading name

Employer's scheme registration number eg. WorkCover Employer, Policy, or Employer Registration Number

Employer's reference number (Your reference)

*This question is required for NSW claims*

Policy period of insurance

Street address

Suburb

State

Postcode

Postal address

Australian Business Number

ACN/ARBN

Division

Cost Centre

What is the main business activity at the incident site?

Name, position, and daytime contact number of employer contact

Claim no.

This form can be used to lodge a Workers' Compensation Claim in New South Wales, Queensland, or Victoria.

Name and daytime contact number of the return to work coordinator (if any)

Address for correspondence relating to this claim Postal address

State

Postcode

Employer contact e-mail address

If you need an interpreter, what language do you speak?

When did you receive the worker's completed claim form?

When did you receive the worker's first medical certificate?

## 2 WORKER'S DETAILS

Family name

Given names

Street address

Suburb

State

Postcode

Daytime contact phone number/s?

Mobile

Phone

Home

Date of birth

Gender

Male  Female

## 3 WORKER'S EMPLOYMENT DETAILS

Street address of the worker's usual workplace

Suburb

State

Postcode

*This question is required for NSW claims*

How many workers are employed at this workplace?

*This question is required for Victorian claims*

Workplace number for worker's usual workplace

If the incident did NOT happen at one of your workplaces, please give the name of the employer responsible for the workplace  
Employer's name

What is the worker's usual occupation?

What are the main tasks performed by the worker in their usual occupation?

Which of the following apply to the worker?

(Please tick all relevant boxes)

- Full-Time  Part-Time  Apprentice  Volunteer   
 Contract  Trainee  Agency worker  Contractor   
 Permanent  Temporary  Seasonal  Jockey   
 Casual  Student

Other?

When did this worker start working for you?

*These questions are required for QLD claims*

Is the worker employed under any of the following?

- Federal award  Registered industrial agreement   
 State award  No agreement or award   
 WCA JobCover Program  Registered enterprise agreement

What is the title of the award or agreement?

What is the worker's minimum weekly wage?

As specified by the award or agreement \$

## 4 WORKER'S RETURN TO WORK DETAILS

If the worker has returned to work, please provide the date

What duties are they doing?

Full

Suitable/Modified

How many hours do they work each week?

hrs

How many days have been lost?

days

Date claim form forwarded to Agent

Estimated cost of claim to date

Have you provided the worker with a return to work plan, taking into account the injury/condition?

Please attach a copy of the return to work plan or agreement, or please explain why you have not provided a plan. If the worker has not returned to work, do you know of any issues that would delay or prevent a return to work?

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## 5 CLAIM CONFIRMATION DETAILS

Do you agree that the details provided in sections

2 & 4 of the Worker's Injury Claim Form are correct? Yes  No

Do you accept that your worker has an injury/condition which is work-related and occurred while in your employment? Yes  No

Note: If you agree the injury is work-related, and believe that the details provided in sections 2 & 4 of the Worker's Injury Claim Form are correct, you do not need to complete the remainder of this form except for section 9, which MUST be completed. Otherwise, please complete any relevant questions in sections 6, 7 and 8 of this Report.



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## INFORMATION FOR EMPLOYERS AND RETURN TO WORK COORDINATORS

### RETURNING YOUR INJURED WORKERS BACK TO WORK

- If your worker has any capacity for work, a return to work plan must be developed.
- The return to work plan should be regularly reviewed and updated as your injured worker's condition changes – as a guide, the plan should be reviewed at least monthly in consultation with your injured worker and their nominated treating doctor.
- If you need assistance with return to work and identifying suitable employment, contact your WorkCover Agent immediately. Steps to facilitate the return to work will include discussing return to work options with the workers nominated treating doctor and may include assistance from an occupational rehabilitation provider, modifying the worker's duties or hours, providing special equipment.
- The return to work plan should be signed by all parties to indicate their agreement and copies provided to them.

### FURTHER INFORMATION

- Return to work plans and general information can be downloaded from [www.workcover.nsw.gov.au](http://www.workcover.nsw.gov.au)
- Contact your Agent for further advice regarding return to work planning and preparation.

### RTW PUBLICATIONS, FORMS AND INFORMATION SHEETS AVAILABLE ON THE WEBSITE

- Employers Guide: What to do if an Injury Occurs
- Guidelines for Employers Return to Work Programs
- Workers Compensation Injury Management Fact Sheets
- Suitable Duties: Information for Employers and Injured Workers
- Guidelines for Claiming Workers Compensation Benefits
- Your Recovery and Return to Work after a Workplace Injury